Hawaii Immunization Program Videotape Request Form

Name:	Title:		
Agency:	Telephone:		
Address:			
Fax:	Email:		
Title	Source	Item Number	Check the item(s) you wish to borrow
Anthrax: What Every Clinician Should Know	CDC	V001	
CDC Responds: Influenza- Prevention, Detection and Control	CDC	V002	
Epidemiology and Prevention of Vaccine-Preventable Diseases Videotape Series, 2004	CDC	V003	
Ice, Champagne and Roses – How to Protect Your Vaccine Supply	California Department of Health & Minnesota Department of Health	V004	
Immunization Techniques: Best Practices for Health Care Providers	California Immunization Branch	V005	
Immunization Update 2003	CDC	V006	
School Health Requirements Update 2002	HIP	V007	
Smallpox: What Every Clinician Should Know	CDC	V008	
School Health Requirements: Screening and Documentation Rules	HIP	V009	
Please check one of the following or Please contact me when my or building located at 1250 Pune I am unable to pick-up my or Send your completed form to us by: Fax: (808) 586-830	order is ready for pick-up and chbowl Street, 4 th Floor, Horder. Please mail it to the address.	onolulu, Ha	waii.
Attention: Pro	ntion: Project Development and Implementation Unit		
Mail: Hawaii Immu 1250 Punchbo Honolulu, Hav	nization Program owl Street, 4 th Floor waii 96813 oject Development and Imp	lementatior	ı Unit